



## APPLICATION FOR TRANSFER CERTIFICATE

Name of Pupil			
Name of Father			
Name of Mother			
Standard of Leaving	<b>Class:</b>		<b>Div:</b>
Reason For Leaving			
In which school the student desires to continue studies			
	<b>School Code</b>		
	<b>Educational District</b>		<b>Sub District</b>
The Fees due to School			
Name & Address of Applicant			
Phone / Mobile	<b>1.</b>		<b>2.</b>
Relationship with the pupil			
Name and Sign. of Father			
Name and Sign. of Mother			
Date of Application			

***For Office use only***

Ad. No:		T.C. No.		Total No. of Working Days	
Date of Issue		Date of Admission & Class		Total Present	
Fee Balance	Date of Last Attendance				
	Date of Promotion to that Class				
	Result				
Remarks and orders of Sanctioning Authority					

Principal